

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	88		6-22-01
O.I.P.E. CLASSIFIER	X	32	7/2
FORMALITY REVIEW	5-1	JTT	8/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	4/4/01
1	✓
2	0
3	0
4	0
5	✓
6	✓
7	0
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	0
20	0
21	0
22	✓
23	✓
24	0
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	0
37	0
38	0
39	✓
40	✓
41	0
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	4/4/01
51	✓
52	0
53	0
54	0
55	✓
56	✓
57	0
58	✓
59	✓
60	✓
61	✓
62	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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530
 08-1401